

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-047195

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

6192

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED DEC 26 1962

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION
George K. Boyd

BY AFFIDAVIT OF

| | | | |
|--|---|--|--------------------------------------|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | c. CITY OR TOWN Kansas City | |
| Length of stay in lb 56yrs | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4215 Locust | | d. STREET ADDRESS (If outside, give location) 4215 Locust | |
| 3. NAME OF DECEASED (Type or print) First Carlton Middle L. Last Sharratt | | 4. DATE OF DEATH Month 12 Day 4 Year 1962 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 2-11-1891 |
| 9. AGE (last birthday) 71 | | IF UNDER 1 YEAR Months 71 Days 71 Hours 71 Min. 71 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working-life, even if retired) Clerk | | 10b. KIND OF BUSINESS OR INDUSTRY Mfg. Co. | |
| 11. BIRTHPLACE (City and state or country) Wataga, Illinois | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME Angel James Sharratt | | 13b. MOTHER'S MAIDEN NAME Sarah Leach | |
| 14. NAME OF HUSBAND OR WIFE Florence Sharratt | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None | |
| 16. SOCIAL SECURITY NO. None | | 17. INFORMANT Mrs. Florence Sharratt Address Home | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Arrhythmia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Coronary Sclerosis Arteriosclerosis DUE TO (b) Arteriosclerosis DUE TO (c) Arteriosclerosis | | INTERVAL BETWEEN ONSET AND DEATH 1 mo 2 yr 3 yr | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a) Cerebral Vascular Insufficiency | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour 4 p.m. Month, Day, Year June 1960 | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION Kansas City | |
| 20g. COUNTY Missouri | | 20h. STATE Missouri | |
| 21. I attended the deceased from June 1960 to present and last saw him alive on 2 mo ago Death occurred at 4 P.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE George K. Boyd M.D. (Degree or title) | |
| 22b. ADDRESS 5111 Independence Ave | | 22c. DATE SIGNED 12-5-62 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 12-7-1962 | 23c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery | |
| 23d. LOCATION (City, town, or county) Kansas City, Missouri | | 23e. DATE RECD. BY LOCAL REG. 12-6-62 | |
| 23f. REGISTRAR'S SIGNATURE Mellody-McGilley-Eylar | | 23g. REGISTRAR'S SIGNATURE Ruth Long | |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

Dr. Boyd
5111 Lindsey Ave

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Flayd J. Duckman

Licensed Embalmer No. 5120

P. O. Address K.C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.